United Nations ST/IC/2007/16

Secretariat

1 May 2007

English only

Information circular*

To: Members of the staff at offices away from Headquarters

From: The Controller

Subject: **Vanbreda medical, hospital and dental insurance programme for staff members away from Headquarters**

I. Renewal provisions for 2007

1. Premium change: new premium and contribution rates come into effect on 1 January 2007 (see paras. 8-11).

2. Programme changes beginning 1 January 2007:

(a) Reimbursement for outpatient hospital expenses including chemotherapy, radiotherapy and haemodialysis will be increased from 80 per cent to 100 per cent;

(b) The programme will reimburse home health-care services and private duty nursing services when these services provide an alternative that is equal in cost to, or cheaper than, inpatient hospitalization;

(c) Increase the maximum annual reimbursement for dental benefits from $900 to $1,000;

(d) The programme will reimburse one annual routine physical exam for members 19 years of age and older. This benefit is subject to an annual maximum of $250 per member;

(e) The programme will reimburse annual influenza immunization for all members of the Vanbreda worldwide programme.

II. Other important information for 2007

Vanbreda eligibility applies for residents of all nations except the United States

3. The Vanbreda programme covers staff members and former staff members who reside in all parts of the world, **except** the United States of America (see also

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para. 15). Staff members, former staff members and their dependants **who reside in the United States of America are not eligible for Vanbreda coverage**. The sole exception to this exclusion arises in the case of a dependent child attending school or university in the United States, who enrols in the health insurance coverage offered by the educational institution. In this case, the student's health insurance plan at the school or university will be primary and the Vanbreda coverage will be secondary.

Annual enrolment campaign in 2007

4. Staff members employed under the 100 series of the Staff Rules are reminded that the 2007 annual enrolment campaign will be the only general opportunity in 2007 to enrol themselves and eligible family members in the Vanbreda plan. Staff members with short-term contracts employed under the 300 series of the Staff Rules are also reminded that the 2007 annual enrolment campaign will be the only general opportunity in 2007 to enrol themselves in the Vanbreda plan. The annual enrolment campaign for the Vanbreda plan for staff members assigned to duty stations around the world is scheduled to be held from 4 to 8 June 2007.

Vanbreda dedicated website/Vanbreda identification cards/official designation

5. Vanbreda has dedicated web pages, http://www.vanbreda-international.com, in respect of the United Nations worldwide Vanbreda plan. These pages can be accessed by logging on with a personal reference number indicated on the Vanbreda membership card. The website provides details regarding: (a) benefits; (b) how to arrange for direct billing; (c) how to submit a claim and how to receive your settlement online; (d) provision for the downloading of forms, e.g. claim forms; (e) contact information at Vanbreda; and (f) a provider list enabling a participant to select medical providers based upon location and medical specialization.

6. The Vanbreda identification card that is mailed to all participants enables a hospital or clinic to contact Vanbreda in order to set up a direct billing arrangement in respect of hospitalization or high-cost outpatient treatment. Participants who do not have an identification card should contact Vanbreda (please refer to para. 42).

General administration

7. The existing rules and terms governing eligibility and enrolment for the Vanbreda plan are summarized in paragraphs 12 to 36.

III. 2007 premiums

8. The premiums are based solely on the claims incurred by the participants in the United Nations programme, plus the appropriate allowance for the cost of administration. Since the claim costs are incurred in all parts of the world, they reflect varying price levels. Accordingly, three different premium rate groups have been established to enable the determination of premiums that are broadly commensurate with the expected overall level of claims for the locations included within each rate group.

9. The financial performance of the programme for the past policy period was favourable. Medical inflation, the allowance for reimbursement of claims that have

been incurred but not reported, and benefit enhancements require that total premiums increase by 5 per cent for the Vanbreda worldwide plan, effective 1 January 2007.

10. The cost of the Vanbreda health insurance programme is shared between the participants and the Organization and is based on the General Assembly requirement for an overall 50:50 cost-sharing relationship. Premium contributions of participants in the programme are determined by multiplying their medical net salary[1] by the applicable contribution rate (per cent) set out in paragraph 11 below. This is consistent with the methodology used in calculating staff contributions towards other United Nations insurance programmes.

11. The schedule of premiums that will become effective on 1 January 2007, as well as the related staff contribution rates, is set out in the table below. You will note that while the overall premium amounts have increased, there is a slight decrease in staff contribution rates.

	Monthly premium (United States dollars)		*Percentage of medical net salary*	
	Effective 1 January		*Effective 1 January*	
Type of coverage	*2006*	*2007*	*2006*	*2007*
Rate group 1[a]				
Staff member only	118	124	1.69	1.57
Staff member and one family member	252	265	2.61	2.43
Staff member and two or more eligible family members	416	437	4.12	3.83
Rate group 2[b]				
Staff member only	203	213	2.59	2.41
Staff member and one family member	428	449	4.18	3.89
Staff member and two or more eligible family members	707	742	6.57	6.11
Rate group 3[c]				
Staff member only	195	205	2.70	2.51
Staff member and one family member	410	431	4.36	4.05
Staff member and two or more eligible family members	677	711	6.86	6.38

[a] **Rate group 1 includes the following countries**: all locations outside of the United States of America other than those listed under rate groups 2 and 3.

[b] **Rate group 2 includes the following countries**: Chile and Mexico.

[c] **Rate group 3 includes the following countries**: Andorra, Austria, Belgium, Crete, Cyprus, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, Malta, the Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, Turkey (European portion), the United Kingdom of Great Britain and Northern Ireland, and Lebanon.

[1] Medical net salary consists of gross salary, less staff assessment, plus language allowance, non-resident's allowance and post adjustment, as applicable. In no case will staff contributions be greater than 85 per cent of the total premiums.

IV. Eligibility and enrolment rules

General rules

12. The annual enrolment campaign will be the only general opportunity in 2007 for staff members employed under the 100 series of the Staff Rules to enrol themselves and eligible family members in the Vanbreda plan. The 2007 annual enrolment campaign is also the only opportunity for staff members with short-term contracts and employed under the 300 series of the staff rules to enrol in the Vanbreda plan. The annual enrolment campaign for the Vanbreda plan for staff members assigned to duty stations around the world is tentatively scheduled for 4 to 8 June 2007. Please also refer to paragraphs 20-22.

13. Except for staff members whose duty station is within the United States and locally recruited staff members at duty stations where the medical insurance plan (MIP) is established, all staff members holding appointments of three months or longer under the 100 series of the Staff Rules or one month or longer under the 200 series of the Staff Rules may enrol themselves and eligible family members in the Vanbreda plan. Staff members holding appointments of limited duration of three months or longer under the 300 series of the Staff Rules, except those who receive a fixed monthly cash amount towards the cost of health insurance, are eligible to enrol in the Vanbreda plan. Internationally recruited 300 series short-term staff and occasional workers stationed outside the United States who have a valid contract and who have achieved a threshold duration of continuous active employment at a minimum of half-time for at least three months are also eligible to enrol in the Vanbreda plan.

14. Enrolment in the Vanbreda plan at the time of initial appointment must be accomplished within 31 days of the date of entry on duty for staff members employed under the 100 and 200 series of the Staff Rules and for staff members holding appointments of limited duration. For 300 series short-term staff and occasional workers, enrolment at the time of initial appointment must be accomplished within 31 days after achieving a threshold duration of continuous active employment at a minimum of half-time for at least three months. **Staff members are not eligible for coverage under the Vanbreda plan if they or any of their covered dependants reside in the United States.** For enrolment purposes, applicants will be required to present (a) a Vanbreda application form, and (b) proof of eligibility in the form of a personnel action (PA) document provided by their respective personnel or administrative officers attesting to the current contractual status. The enrolment of eligible family members requires the provision of evidence of the status of such family members. In most instances, the necessary proof of eligibility will be contained in the personnel action form.

Eligible family members for insurance purposes

15. An "eligible family member" is a recognized spouse and one or more eligible children. The recognized spouse is always eligible. A child must be the natural-born or legally adopted child of the staff member, or a stepchild reflected in IMIS as a household member. A child is eligible to be covered under this programme until the end of the calendar year in which he or she attains the age of 25 years, provided that he or she is not married and not employed full-time. Disabled children may be

eligible for continued coverage after the age of 25, subject to a determination of the disability by the Medical Services Division.

Change in residence or duty station

16. Staff members at United Nations Headquarters in New York have the option to enrol in the Vanbreda plan while on assignment to a field office or mission outside the United States. Upon return to a United States-based assignment, these staff members must reapply for a United States-based United Nations health insurance programme.

17. Staff members away from Headquarters New York who are assigned to a post in the United States must enrol in a United States-based United Nations health insurance programme. When residence in the United States ends, these staff members may reapply for coverage in the Vanbreda programme.

18. A change in coverage following a change in residence or return from mission assignment will become effective the first day of the month after arrival at the new place of residence or duty station.

19. **Please note that there are circumstances in which your insurance cannot be automatically continued: for example, when your payroll office changes. For this reason, whenever your country of residence or duty station changes, it is important that you confirm with your personnel or administrative office whether you need to submit an application to continue (or change) your insurance.**

Enrolment at times other than upon entry on duty

20. Staff members appointed under the 100 series of the Staff Rules who have not enrolled themselves and eligible family members within 31 days of the date of their entry on duty have an opportunity once each year to do so, during the annual enrolment period (see para. 13). The effective date of insurance coverage for which application is made during the annual enrolment period is the first day of July.

21. Staff members appointed under the 200 series of the Staff Rules (project personnel) are, under staff rule 206.4 (a), required to participate in a medical insurance programme provided by the United Nations unless exemption from such participation is expressly stated in the letter of appointment. Staff rule 206.4 (b) provides that such personnel, if appointed for a period of one month or more and participating in a medical insurance programme provided by the United Nations, may enrol their spouses and dependent children in the programme. Project personnel who have not enrolled their spouses and eligible dependent children in the Vanbreda plan at the time of initial appointment have an annual opportunity to do so. **In the case of project personnel, the annual enrolment opportunity occurs on the anniversary of their entry on duty, and insurance coverage for added dependants will be effective as of that date.**

22. **Staff members holding appointments of limited duration under the 300 series of the Staff Rules who have not enrolled in the Vanbreda plan at the time of initial appointment because they maintain their own coverage have an annual opportunity to enrol in a United Nations programme. Their annual enrolment opportunity occurs on the anniversary of their entry on duty.**

23. At times other than the annual enrolment periods referred to in paragraphs 20 to 22 above, Series 100 and 200 staff members and their eligible family members may be enrolled in the Vanbreda plan **only** if at least one of the following events occurs **and** application for enrolment is made within 31 days of the event:

(a) Upon transfer from one duty station to another;

(b) Upon return from special leave without pay (see para. 29 below);

(c) Upon assignment to a mission under certain conditions (see para. 30 below);

(d) Upon marriage, birth or legal adoption of a child, for coverage of the related family member.

24. Loss of coverage under a spouse's health insurance plan by virtue of the spouse's loss of employment is considered a qualifying event for the purpose of enrolment in a United Nations plan. Application for enrolment in a United Nations plan under these circumstances must be made within 31 days of the qualifying event. In addition, application for coverage under this provision must be accompanied by an official letter from the spouse's employer, certifying the termination of employment and its effective date.

25. Staff members who can demonstrate that they were on mission or annual or sick leave during the annual enrolment opportunity period may enrol within 31 days of their return to their duty station.

26. Applications between enrolment opportunity periods based on circumstances other than those listed in paragraphs 23-25 above and/or not received within 31 days of the event giving rise to eligibility will not be receivable.

Commencement and termination dates of health insurance coverage

27. New coverage for a staff member newly enrolled in the Vanbreda plan commences on the first day of a qualifying contract. If the first day of a qualifying contract occurs later than the first day of the month, coverage commences on that day, or the participant may opt for coverage to commence on the first day of the following month. In no event can coverage commence prior to the first day of the qualifying contract. Health insurance coverage terminates at the end of the month in which the qualifying contract ends. The programme will cover treatment for illness that occurs within the period of the contract. Treatments for illness or a condition that occurs after the contract period are not covered. The only exception here is that if a contract terminates before the last day of a month, coverage will remain in place until the end of that month.

Staff transferred to another duty station

28. Staff members who transfer to another duty station but who did not have medical insurance prior to the transfer may enrol themselves and eligible family members in the United Nations health insurance plan upon transfer. The enrolment application must be submitted within 31 days of the date of transfer, and the effective date of coverage will be the transfer date at the new duty station. This provision applies also in the case of transfer to Headquarters, in which case the new enrolment must be in one of the health insurance plans offered at Headquarters. **Staff members are reminded that if a duty station transfer involves a change**

from one payroll system to another, a new application for insurance must be submitted in order for your insurance benefits to continue. If you do not submit a new application, your insurance will expire at the end of the month in which the deduction of monthly premium contributions ceases in the previous payroll system.

Staff on special leave without pay

29. Staff members who are granted special leave without pay are reminded that they may retain health insurance coverage during such periods or may elect to discontinue such coverage for the period of the special leave:

(a) **Insurance coverage maintained during special leave without pay.** If the staff member decides to retain coverage during the period of special leave without pay, the insurance office (if payrolled at Headquarters) or the relevant administrative office (if payrolled elsewhere) **must** be informed directly in writing by the staff member of his or her intention at least one month in advance of the commencement of the special leave. At that time, the office concerned will require evidence of the approval of the special leave, together with payment covering the full amount of the cost of the coverage retained (both the staff member's contribution and the Organization's share, since no subsidy is payable during such leave);

(b) **Insurance discontinued while on special leave without pay.** Should a staff member decide not to retain insurance coverage while on special leave without pay, no action is required upon commencement of the special leave. However, it is essential that he or she re-enrol in the plan within 31 days of return to duty. Failure to do so will mean that the staff member will be unable to resume participation in the insurance plan until the following annual enrolment opportunity period.

Staff members on mission assignment

30. Staff members going on mission assignment are entitled to a special health insurance enrolment opportunity:

(a) Staff members who at present are **not** enrolled in the Vanbreda plan will be allowed to enrol themselves and eligible family members. The insurance will become effective on the first day of the month in which the mission assignment commences. Enrolment in the plan in these circumstances must be completed **prior** to the departure of the staff member on mission assignment;

(b) Staff members who elect to enrol in the Vanbreda plan in the circumstances set out in subparagraph (a) above forgo the right to make any further change during the annual enrolment period taking place in the same calendar year as the commencement of the mission assignment. The next opportunity for those staff members to make any change in their insurance coverage will be at the time of the annual enrolment period of the following year;

(c) Staff members going on mission assignment who wish to enrol in the Vanbreda plan or change their present coverage, as provided above, must present evidence to the Insurance Service or to their administrative office, as the case may be, of the mission assignment and its duration.

Staff member married to another staff member

31. Staff members are reminded that in the case of a staff member married to another staff member, the insurance coverage, whether at the two-person or family level, must be carried by the higher-salaried staff member. It should also be noted that if one spouse retires from service with the Organization before the other spouse, the spouse who remains in active service must become the subscriber even if the retired spouse had been the subscriber up to the date of retirement and is eligible for after-service health insurance benefits following separation from service. The spouse in active service must complete the appropriate insurance application form to ensure continuity of coverage for both self and spouse.

Staff members with dependants residing in the United States

32. **Staff members are reminded that the Vanbreda plan is designed to provide hospital, medical and dental coverage for participants residing outside the United States. Therefore, staff members residing outside the United States but with covered eligible dependants residing in the United States, other than school or university students with health insurance coverage offered by the educational institution, must enrol instead in a Headquarters health insurance programme. Please note that the Headquarters dental programme is separate from the medical programme, and a separate application must be made for dental insurance, if such insurance is desired.**

Cessation of family members' coverage

33. The insurance office at Headquarters or the relevant administrative office should be notified immediately in writing of changes in the staff member's family which result in a family member ceasing to be eligible (for example, a spouse upon divorce; a child reaching the age of 25 years, marrying or taking up full-time employment). Staff members who wish to discontinue coverage of a family member under a United Nations plan for any other reason may do so at any time, although this is strongly discouraged. The responsibility for initiating the resulting change in coverage (for example, from "staff member and spouse" to "staff member only" or from "family" to "staff member and spouse") rests with the staff member. It is in the interest of staff members to provide this notification promptly whenever changes in coverage occur in order to benefit from any reduction in premium contribution that may result. Any such change will be implemented on the first of the month following receipt of notification. **No retroactive contribution adjustments can be made as a result of failure to provide timely notification of any change to the Insurance Service or administrative office.**

After-service health insurance

34. Eligibility rules for participation in the United Nations after-service health insurance programme together with related administrative procedures are set out in administrative instruction ST/AI/394, dated 19 May 1994. Staff members are reminded that, among the eligibility requirements for after-service health insurance coverage, they must be enrolled in a United Nations health insurance programme at the time of separation from service. A minimum of 5 years of prior coverage in a United Nations or specialized agency health insurance programme is necessary to qualify for unsubsidized after-service health insurance participation and 10 years of

prior coverage for subsidized participation. In both cases, the staff member must be 55 years of age or over at the date of separation and must have elected to receive a monthly retirement benefit or deferred monthly retirement benefit from the United Nations Joint Staff Pension Fund (UNJSPF). It should also be noted that only those family members enrolled with the staff member at the time of separation are eligible for coverage under the after-service health insurance programme. Please take note that service under a 300-Series appointment of limited duration does **not** count towards eligibility for after-service health insurance.

35. Former staff members who reside in the United States are reminded that they are **not** eligible for participation in the Vanbreda plan and that they must switch to a Headquarters plan within 31 days of taking up residence in the United States.

Retirees who return to active service

36. Retirees who return to active service with the Organization may temporarily be ineligible for health insurance coverage under the United Nations after-service health insurance programme. This can occur if the monthly pension benefit is suspended because of resumed status as active staff. In that case eligibility to participate in the after-service health insurance programme is suspended while pension benefits are suspended, because eligibility for after-service health insurance is contingent upon continued receipt of a monthly UNJSPF benefit. When that occurs, it is the obligation of the individual concerned to notify the insurance office promptly of the new active appointment and to make the necessary arrangements for a switch in health insurance enrolment from after-service health insurance status to that of an active staff member. If this is not done, the staff member will have no insurance. When the active appointment ends, the Insurance Service must again be informed promptly so that the after-service health insurance status can be reactivated.

V. Conversion privileges

37. A "conversion" privilege is part of the United Nations group contract with Vanbreda. This privilege allows staff members (subscribers) who cease employment with the United Nations and do not qualify for after-service health insurance benefits to "convert" their group medical insurance with Vanbreda to an individual short-term health insurance policy. The individual conversion policy is guaranteed-issue. This means that no proof of the subscriber's good health is required; the insurer cannot refuse to insure an eligible subscriber who applies in a timely manner for a conversion policy. Application for an individual policy under the conversion privilege must be made within 31 days of termination of coverage under the United Nations group policy. The availability of this privilege does not mean that the same insurance premium rates or schedule of benefits in effect for the United Nations group policy will be offered in respect of the individual health insurance policy. **The conversion privilege is designed to provide coverage during a period of transition to more permanent health insurance coverage. The Vanbreda conversion privilege grants coverage up to a maximum of 36 months and is not subsidized by the United Nations.**

38. Staff members (subscribers) may apply for a policy of individual coverage under the conversion privilege for themselves only or for themselves and their

covered eligible dependants. Moreover eligible dependants may apply on their own behalf in the following circumstances:

(a) Children whose eligibility for insurance ceases as the result of reaching the age of 25 are eligible to apply for a health insurance conversion policy provided they are financially dependent on their parent(s), unmarried and not employed full-time;

(b) A staff member's spouse whose eligibility for insurance ceases as the result of divorce and who is not employed full-time may also apply.

The application for an individual conversion policy **must** be submitted within 31 days of termination of coverage under the United Nations group medical programme.

39. Details concerning conversion to an individual insurance policy may be obtained by communicating directly with Vanbreda at the following address:

Vanbreda International
Plantin en Moretuslei 299
2140 Antwerp, Belgium

Telephone No.: 32 3 217 5742
Fax No.: 32 3 272 3969
E-mail: gp1@vanbreda.com

VI. Claims and enquiries

Basis for claim reimbursement in United States dollars

40. Claim reimbursement is made in United States dollars, converted from the currency in which the hospital, medical or dental expenses have been incurred. Reimbursement in United States dollars is based on the United Nations operational rate of exchange in effect on the date that the medical and dental expenses are incurred and, in the case of hospital expenses, on the date that the hospital bill is rendered.

Mailing addresses

41. Participants must inform their administrative office of any change in their mailing address in order to ensure that identification cards, reimbursements and explanations of benefits are delivered promptly and appropriately.

Where to address claims and benefit enquiries

42. Although the staff of the insurance office is available to assist staff members in administrative matters concerning participation in the Vanbreda plan, claims questions should always be taken up on the first instance directly with Vanbreda International. Information on the claims filing procedure and contact details can be found under "member's access" on Vanbreda International's dedicated web pages (www.vanbreda-international.com).

Claims address and enquiries about claims

Postal address: Vanbreda International, Postbox 69, B-2140 Antwerp, Belgium
Dedicated telephone number: 32 3 217 6842

In certain countries, Vanbreda International provides toll free telephone lines. A complete list can be found under "member's access" on Vanbreda International's dedicated web pages (www.vanbreda-international.com) or in annex IV to this document.

Fax number: 32 3 663 2855
Dedicated e-mail address: mcc001@vanbreda.com

Member services and general enquiries

Dedicated telephone number: 32 3 217 5742

In certain countries, Vanbreda International provides toll free telephone lines. A complete list can be found under "member's access" on Vanbreda International's dedicated web pages (www.vanbreda-international.com) or in annex IV to this document.

Fax number: 32 3 272 3969
Dedicated e-mail address: gp1@vanbreda.com

Vanbreda International website

http://www.vanbreda-international.com

Availability of claims settlement details online

43. Vanbreda International offers the possibility for members to receive their settlement details online. Applying for this service can be done on Vanbreda International's dedicated web pages (www.vanbreda-international.com) under the section "claims".

24-hour customer service

44. Vanbreda International offers 24-hour customer service with its extended business hours in Antwerp, Belgium, and its service platform in Kuala Lumpur, Malaysia. Multilingual staff in both Antwerp and Kuala Lumpur have been specifically trained to respond immediately to all queries United Nations staff members may have. The Vanbreda service platform has been organized so that the main international languages are available 24 hours a day.

VII. Annexes

45. Annex I contains a summary of the benefits payable under the Vanbreda plan.

46. Annex II contains details pertaining to hospitalization in the United States.

47. Annex III describes the Vanbreda direct deposit programme.

48. Annex IV is a listing of Vanbreda International toll free telephone numbers.

Annex I

Vanbreda insurance benefits summary

1. The Vanbreda insurance programme provides for reimbursement of reasonable and customary charges incurred for medical and hospital treatment that result from illness, accident or maternity, up to a maximum of $250,000 per insured participant per calendar year. The programme also provides reimbursement for annual routine physical exams, up to a maximum of $250. Additionally, expenses related to dental, hearing and vision care are also covered. In addition to the maximum reimbursement per calendar year, certain maxima per treatment, procedure or service may also apply, depending on the type of service, as described in the following paragraphs.

2. The programme reimburses only treatment, supplies, or other services that are widely and generally accepted as medically necessary and appropriate for the condition being treated, and when such treatment, supplies, or other services are prescribed by a licensed, qualified medical professional. Vanbreda International has the fiduciary duty and discretionary authority to determine, on behalf of the United Nations, what constitutes a covered service or plan benefit under the programme.

3. **Medical expenses** are reimbursed under the basic medical insurance plan (BMIP) and major medical insurance plan (MMIP). Services rendered by a licensed paramedical professional or, in the case of maternity, by a licensed midwife, can be considered for reimbursement, but only upon the prescription of a licensed, qualified medical professional. The major medical component does not apply in the case of dental treatment, outpatient mental health treatment, treatment for substance abuse (alcohol and/or drug), expenses for hearing aids or expenses for optical lenses.

4. **Reimbursement rates:**

(a) Under the basic medical component, reimbursement in respect of medical treatment prescribed by qualified doctors is calculated at the rate of 80 per cent of the reasonable and customary charges involved, including inpatient and outpatient doctors' fees (see para. 22 below);

(b) Under the major medical component, 80 per cent of the residual unpaid reasonable and customary charges are paid, subject to a calendar year maximum co-payment of $200 per participant and $600 per family. The calendar year maximum co-payment is sometimes called a "deductible". This means that the participant pays the 20 per cent residual out-of-pocket, up to the calendar year maximum co-payment of $200, or $600 in the case of family coverage. When covered expenses exceed the calendar year maximum co-payment amount, the 80 per cent basic component still applies, and the major medical component automatically reimburses 80 per cent of the residual 20 per cent for the remainder of that calendar year.

5. **Example: medical expense reimbursement.** The following example illustrates how reimbursement is determined for an individual in respect of basic and major medical coverage (figures are in United States dollars):

(a) Basic coverage (BMIP)

Reasonable and customary charges for medical treatment	3 200
Reimbursement at 80 per cent	2 560
Residual 20 per cent	640

(b) Major medical coverage (MMIP)

20 per cent residual not reimbursed by basic coverage	640
Less calendar year maximum co-payment	-200
= Basis for major medical coverage	440
x 80 per cent = major medical reimbursement	352

(c) Total reimbursement (recapitulation of (a) and (b))

Basic medical coverage	2 560
Major medical coverage	+352
Total insurance reimbursement	2 912
Participant's total out-of-pocket expense	288
Total original expense	3 200

6. **Inpatient hospital expenses** are reimbursed at 100 per cent of the reasonable and customary charges when the patient is admitted as an inpatient; that is, when there is at least one overnight stay at the hospital, so that the date of discharge differs from the date of admission. Inpatient hospital services include such items as bed and board, general nursing service, use of the operating room and equipment, use of the recovery room and equipment, laboratory examinations, X-ray examinations and drugs and medicines for use in the hospital. Inpatient hospital expenses do not include doctors' fees. For doctors' fees, see paragraph 4 (a).

6.1 For hospitalization in Europe and in North America, the standard of accommodation is limited to semi-private room care, that is, two or more patients in the same room, except that, under the following circumstances, and subject to the provision of documentation satisfactory to the insurer, private-room care will be reimbursed in full up to the daily limit specified in subparagraph 7 (a) below:

(a) When the nature and gravity of the illness require private-room care and the need for such care is substantiated by the attending physician;

(b) When the patient is admitted on an emergency basis to a hospital that has semi-private accommodation but none is available at the time;

(c) When the patient is admitted to a hospital that does not have any semi-private accommodation, that is, it has no standard of accommodation other than private rooms and general wards.

6.2 For present purposes, Europe is defined as the continent of Europe, including Malta, Cyprus and Turkey (European portion); and North America is defined as Canada and the United States of America.

7. Reimbursement for hospital accommodation expenses is subject to daily room rate caps. For 2007, the maximum reimbursement per day for hospital accommodation (room and board) is as follows:

(a) **Europe and North America** — $600 per day;

(b) **Israel** — $700 per day;

(c) **Rest of world** — $330 per day at all locations other than Europe, North America and Israel.

8. **Outpatient surgery including chemotherapy, radiotherapy and haemodialysis** is reimbursed at 100 per cent of the reasonable and customary charges. These expenses are reimbursed under the basic medical and major medical programme components. Outpatient hospital expenses do not include doctors' fees. For doctors' fees, see paragraph 4 (a).

9. Home health care and private duty nursing rendered by specialized providers will be reimbursed at 100 per cent if they provide an alternative that is equal in cost to, or cheaper than, inpatient hospitalization. This benefit is subject to prior approval from Vanbreda International's medical consultant who must certify this benefit as an alternative that is equal in cost to, or cheaper than, inpatient hospitalization. Certification will be given for limited time periods. Extensions will be given based on evaluation reports. The following maximums per illness will apply: Canada: $10,000; Europe: $7,500; rest of the world: $5,000. These ceilings are not applicable for palliative care.

10. Well-child care and immunizations are covered at 80 per cent of the reasonable and customary fee under the basic medical component of the plan, and a further 80 per cent under the major medical component, if applicable, in accordance with the following schedule:

(a) Well-child care to the age of 7 years:

(i) Six visits per year aged 0 years to first birthday;

(ii) Two visits per year aged 1 year to second birthday;

(iii) One visit per year aged 2 years to seventh birthday;

(b) Over the age of 7, one visit every 24 months up to the nineteenth birthday.

11. The cost of one annual routine physical exam per member will be reimbursed at the rate of 80 per cent up to a maximum of $250. Covered under this benefit is the medical exam given by a physician for a reason other than to diagnose or treat a suspected or identified injury or disease, X-rays, lab and other tests given in connection with the exam. Also covered is routine gynaecological exam including Pap smear and related lab fees. The major medical component does not apply to routine gynaecological exam, Pap smear, and related lab fees.

12. The cost of annual influenza immunization is covered at 80 per cent under the basic medical component of the plan, and a further 80 per cent under the major medical component.

13. The cost of dental treatment is reimbursable at the rate of 80 per cent up to a maximum of $1,000 per insured participant per calendar year. The cost of dento-facial orthopaedics is covered only if the treatment is started before the patient has reached his or her fifteenth birthday, and reimbursement is provided only during a treatment period of four years. The major medical component does not apply.

14. The cost of outpatient mental health treatment rendered by a psychiatrist is covered, as are the services of a licensed psychoanalyst, a licensed psychologist or a licensed psychiatric social worker. The cost in respect of insured participants is

reimbursable at the rate of 80 per cent of the reasonable and customary fee, to a maximum reimbursement of $1,000 per insured person per calendar year. The major medical component does not apply.

15. The cost of treatment for substance abuse (alcohol and/or drug) is covered under certain conditions. The coverage includes inpatient treatment for detoxification and rehabilitation at a facility certified for such treatment, subject to the prior approval of Vanbreda. Such treatment will normally be limited to 30 days in any calendar year. In addition, the plan covers outpatient counselling for the purpose of diagnosis and treatment. The costs of outpatient counselling are reimbursable at the rate of 50 per cent and to a maximum reimbursement of $1,000 for not more than 50 visits per insured person in any consecutive 12-month period. Of the 50 visits, up to 20 may be allocated to counselling of covered family members of the participant undergoing treatment for the substance abuse problem. The major medical component does not apply.

16. A routine eye examination is covered every 24 months at 80 per cent of the reasonable and customary fee under the basic medical component, and a further 80 per cent under the major medical component, if applicable.

17. The cost of hearing aids and optical lenses is covered, with the limitations set out below, so long as the staff member or the participating family member has been a participant in the Vanbreda programme for one year or more:

(a) **Hearing aids.** Reimbursement at 80 per cent (only basic medical coverage, no major medical coverage), with a maximum of $300 per apparatus, including the related examination, and a maximum of one apparatus per ear per period of three years; this period starts on the date the first hearing aid is purchased;

(b) **Optical lenses.** Reimbursement at 80 per cent (only basic medical coverage, no major medical coverage), with a maximum of $60 per lens and a maximum of two lenses per period of two years. That period starts on the date the first lens is purchased. The preceding maxima will also apply to surgical or laser treatment for the correction of refraction.

18. The plan covers the reasonable and customary charges for two blood tests per year for the human immunodeficiency virus.

19. Also covered are the reasonable and customary charges for a mammography screening (examination), comprising the following provisions:

(a) Upon recommendation of a physician, a mammogram may be covered at any age for persons having a prior history of breast cancer or whose mother or sister has had a prior history of breast cancer;

(b) A single baseline mammogram will be covered for persons aged from 35 through 39 years;

(c) A mammogram will be covered every two years, or more frequently upon the recommendation of a physician, for persons aged from 40 through 49 years, inclusive;

(d) An annual mammogram will be covered for persons aged 50 and older.

Mammography screenings are covered whether carried out in a medical provider's office, hospital outpatient department, hospital ambulatory surgery department or

ambulatory surgery facility, or in another facility that is licensed to provide mammography screenings. The screening is covered at 80 per cent under the basic medical component of the plan, and a further 80 per cent under the major medical component.

20. The reasonable and customary charges for urological examinations and prostate specific antigen (PSA) screenings are covered as follows:

(a) In asymptomatic males over the age of 40 years, one urological exam and PSA screening is covered every two years. An annual exam and screening is covered after the age of 75 years;

(b) For all other males, including men with a family history of prostate cancer, aged 40 years and over, one urological exam and PSA screening per year is covered. The screening is covered at 80 per cent under the basic medical component of the plan, and a further 80 per cent under the major medical component.

21. **Exclusions.** The insurance programme does not cover:

(a) Injuries as a consequence of voluntary or intentional action on the part of the insured participant;

(b) Insured participants who are mobilized or who volunteer for military service in time of war;

(c) Injuries resulting from motor-vehicle racing or dangerous competitions in respect of which betting is allowed (normal sports competitions are covered);

(d) The consequences of insurrections or riots if, by taking part, the insured participant has broken the applicable laws; and the consequences of brawls, except in cases of self-defence;

(e) Spa cures, rejuvenation cures or cosmetic treatment (cosmetic surgery is covered where it is necessary as the result of an accident for which coverage is provided);

(f) The direct or indirect results of explosions, heat release or irradiation produced by transmutation of the atomic nucleus or by radioactivity or resulting from radiation produced by the artificial acceleration of nuclear particles;

(g) Expenses for, or in connection with, travel or transportation, whether by ambulance or otherwise, except that charges for professional ambulance service used to transport the insured participant between the place where he or she is injured by an accident or stricken by disease and the first hospital where treatment is given will not be excluded;

(h) In vitro fertilization;

(i) Frames for glasses;

(j) Preventive medication and vaccinations other than annual influenza vaccines;

(k) Expenses which are not deemed to be reasonable and customary.

22. The determination of the reasonable and customary charge for each service is made by Vanbreda, based on the prevailing charges for the service at the place where treatment is rendered and considering the complexity of the treatment,

including related services or supplies. Fees for treatments, supplies or services that are determined by Vanbreda to be excessive compared with prevailing fee levels will be reimbursed up to the reasonable and customary level for the geographical area in which such medical services are received.

23. Members are reminded that claims for reimbursement must be submitted to Vanbreda no later than **two years** from the date on which the medical expenses were incurred. **Claims received by Vanbreda later than two years after the date on which the expense was incurred will not be eligible for reimbursement.**

Annex II

Provisions pertaining to hospitalization in the United States of America

1. Participants are free to seek admission to a hospital in the United States of America without providing any notification to Vanbreda; **however, reimbursement for such hospitalization will be subject to a limit of $600 in respect of the daily semi-private room rate**. Thus, if a participant chooses a hospital at which the daily semi-private room rate exceeds $600, the cost of the daily room rate above $600 will be borne entirely by the participant. There will be no change in the reimbursement for other services. Please note that hospital costs vary considerably throughout the United States and may exceed the $600 reimbursement ceiling, particularly in parts of California, Florida, Massachusetts, New York, Texas and Washington, D.C. Hospital costs also vary by institution and may be much higher in certain hospitals.

2. The **$600 limit will not apply** to semi-private hospital accommodation in three specific circumstances:

(a) In connection with medical evacuation to any hospital in the United States where there is prior authorization by the United Nations Medical Director;

(b) In cases of **bona fide** medical emergency arising while in the United States;

(c) In situations where the necessary medical treatment can be provided only at a hospital where the daily semi-private room rate exceeds $600. In such cases, to avoid the obligation to meet daily room-rate expenses in excess of $600, specific confirmation that the daily limit does not apply must be obtained from Vanbreda prior to hospital admission.

3. Please note that staff members, former staff members and their eligible dependants who **reside** in the United States are not eligible for coverage under the Vanbreda plan.

Annex III

Direct deposit of reimbursements of claims into member bank accounts

1. Members are reminded of the option to have their reimbursements of claims deposited directly into their personal bank accounts. Direct deposits can be made only in United States dollars. Election of this option can be made on the claim form which is posted on Vanbreda's dedicated website for United Nations participants, http://www.vanbreda-international.com. Use of the claim form available on the Vanbreda website is recommended since it facilitates the settlement of claims by printing the participant's name and Vanbreda reference number as well as a corresponding bar code on the form. A Vanbreda claim form is also posted on the United Nations insurance website, http://www.un.org/insurance, but the form provided on the United Nations website does not have the unique reference number or bar code.

2. Enter the following bank information on the Vanbreda claim form. Your bank can provide you with the information in (d) and (e):

(a) Bank name and full address;

(b) Bank account number;

(c) Account holder's name;

(d) IBAN code (International Bank Accounts Number): mandated for cross-border payments within the European Union and Switzerland. If IBAN is not available, provide the corresponding local bank code: e.g. ABI/CAB for Italy, Bankleitzahl for Germany, sorting code for United Kingdom, and so on;

(e) Bank identification code: either the BIC/SWIFT code, or the ABA code in the United States.

3. Please note that the direct deposit option is not available for deposits into bank accounts in the following countries: Cuba, Iran (Islamic Republic of), Iraq, the Democratic People's Republic of Korea, Liberia, the Libyan Arab Jamahiriya, Myanmar, Nauru, the Syrian Arab Republic, the Sudan and Zimbabwe.

Annex IV

Toll free numbers

UIFN (Universal international freephone number)

1. Please dial the access number for international calls in the country you are calling from and then dial the 800 number assigned for that country. For example, if you are in the United States, you would dial 011 (access number for international calls) plus 80082468866 (the number for the United States).

Country	*Type*	*Number*
Argentina	UIFN	+80082468866
Australia	UIFN	+80082468866
Austria	UIFN	+80082468866
Belgium	UIFN	+80082468866
Brazil	UIFN	+80082468866
Canada	UIFN	+80082468866
China	UIFN	+80082468866
Colombia	UIFN	+80082468866
Costa Rica	UIFN	+80082468866
Cyprus	UIFN	+80082468866
Denmark	UIFN	+80082468866
Finland	UIFN	+80082468866
France	UIFN	+80082468866
Germany	UIFN	+80082468866
Hong Kong Special Administrative Region	UIFN	+80082468866
Hungary	UIFN	+80082468866
Iceland	UIFN	+80082468866
Ireland	UIFN	+80082468866
Israel	UIFN	+80082468866
Italy	UIFN	+80082468866
Japan	UIFN	+80082468866
Malaysia	UIFN	+80082468866
Malta	UIFN	+80082468866
The Netherlands	UIFN	+80082468866
New Zealand	UIFN	+80082468866
Norway	UIFN	+80082468866
The Philippines	UIFN	+80082468866
Portugal	UIFN	+80082468866
The Russian Federation	UIFN	+80082468866
South Africa	UIFN	+80082468866
Spain	UIFN	+80082468866
Sweden	UIFN	+80082468866
Switzerland	UIFN	+80082468866
Thailand	UIFN	+80082468866
The United Kingdom	UIFN	+80082468866
The United States	UIFN	+80082468866

ITFS (International toll free services)

2. Please dial the number for the country you are calling:

Country	*Type*	*Number*
Chile	ITFS	12300208432
Mexico	ITFS	018001231680
Indonesia	ITFS	001803440600
India	ITFS	0008004401303
Sri Lanka	ITFS	2473018

TFD (Toll free direct)

3. AT&T Direct® toll free service is a two-step dialling process:

(a) The caller first dials the AT&T Direct® access code for the country from which he or she is calling. The caller reaches an English-speaking (or selected in-language support, including Spanish) AT&T operator or voice prompt and hears the following announcement:

"AT&T. Please enter the number you are calling now."

(b) The caller enters the toll free number. The AT&T Operator Services responds: *"Thank you for using AT&T"* and completes the call to the toll free number location.